

# **UTAH PRIMARY CARE NETWORK**

## **ANNUAL REPORT**

**July 2002 - June 2003**

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This Utah Primary Care Network Annual Report for the period of July 1, 2002 through June 30, 2003 is being submitted in compliance with the Primary Care Network Medicaid Section 1115 Demonstration Special Terms and Conditions. The report will review the major accomplishments of the PCN program during FY2003. Many of these accomplishments were noted in the quarterly reports but will be included here in summation. Following the accomplishments there will be a discussion of the program's status and where it is at the end of the fiscal year in terms of enrollments and disenrollments. Finally, there will be a short list of issues that have not been resolved at the end of the fiscal year but are currently being addressed.

## **ACCOMPLISHMENTS:**

### **Policy and Operational Issues**

- The Utah Department of Health (UDOH) did not expect to reach enrollment caps prior to the end of the second year. However, during the first year of operation the Primary Care Network (PCN) program enrolled over 16,000 individuals. These numbers have far exceeded our expectations.
- An online PCN application was designed and made available when UDOH began accepting applications. The online application allows individuals to apply for benefits through the web without ever visiting an eligibility office. For individuals who apply through the web, the entire eligibility process can be completed over the telephone and or through the mail. As of the end of this fiscal year, more than 4,000 applicants took advantage of the online application process.
- An amendment to the PCN Waiver, Covered At Work (CAW), was submitted to CMS and approved in February, 2003. The CAW program combines employer, employee, and state funds to provide comprehensive private insurance for up to 6,000 Utahns who were not eligible for PCN and could not afford to enroll in insurance offered through their employer. Once enrolled in employer-sponsored health insurance, enrollees in the CAW program receive a reimbursement of up to \$50 per month for their share of the cost of the coverage. The Department began accepting applications for the CAW program on August 1, 2003.
- In January, 2003, the application process for PCN applicants was streamlined. Prior to January, applicants were required to attend an orientation meeting after having met with an eligibility specialist. The meeting with the eligibility specialist was to determine eligibility for the program and the orientation meeting was used to provide information about how to access services through the program. This process was

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revised to make it more enrollee friendly. Eligibility specialists now provide the information instead of requiring an enrollee to take the time to attend another meeting. This approach has not only streamlined the eligibility process, but resolved pathway issues that had been a problem in the past. The Managed Care Health Program Representatives (MCHPR) continue to help enrollees with questions and problems they may be experiencing with the claims process.

- Prior to the change in the application process, staff successfully devised a way to resolve a problem that had been identified, how to direct PCN clients to an MCHPR orientation and then notify the business office that the enrollee had completed the eligibility process and should pay their \$50.00 enrollment fee. Pathways were established between the MCHPR staff and the Department of Workforce Services and Bureau of Eligibility Services business offices. A notice (GIPC) was developed to instruct clients on the pathway. Once the applicant completed the MCHPR orientation, the MCHPR signed the GIPC form indicating that the person had attended the orientation. The signed form was given to the enrollee which they then presented at the business office when they went to pay their fee.
- The PCN program received 221 referrals for specialty care and was able to find services for 127 (57%) of the referrals. All but 2 of the 41 referrals (95%), that had urgent needs were served, and 13 of the 15 (87%) that were emergencies were served.
- The PCN program was successful in procuring over 6.9 million dollars in donated hospital inpatient care for enrollees in the program.
- PCN staff conducted the following public relations efforts with the goal of building name recognition to strengthen the program among eligible audiences and law makers:
  - Prepared a fact sheet for the Governor's website to be used for the State of the State address.
  - Coordinated PCN to be highlighted in the Health Insurance Access Hotline, an annual feature of a local newspaper, the Deseret News, which included a phone-in hotline and three newspaper articles in January of 2003.
  - Highlighted PCN during *Cover the Uninsured Week*, which included news releases, a Health Fair, several meetings with lawmakers and key leaders, messaging, website updates, representing UDOH at a variety of meetings and events, and monitoring the media.

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- Highlighted PCN on talkshows and in news interviews.
  - Designed a PCN website and made it available to the public. The website includes information about eligibility for the program, how to apply for benefits, and the current status of the program. The site has a link to the online PCN application and includes links to other services such as Medicaid and the Children's Health Insurance Program.
  - PCN staff conducted the following outreach projects to inform the public about the program:
    - In partnership with "The Governor's Commission on Women and Families", a mailing was sent to all licensed child care providers in Utah letting them know that they may be eligible for PCN.
    - PCN information was made available to physicians through health fairs, public relations, and the PCN website.
    - PCN information was made available to the general Utah population through health fairs, public relations, and the PCN website.
    - PCN materials were rewritten to make them lower cost to produce and easier to understand.
    - A PCN brand was developed that represents the target audience to make PCN materials instantly identifiable and enhance name recognition.
    - PCN materials were translated into Spanish and distributed in many ways, including on the website
    - PCN outreach was conducted to hotel workers and their employers through a banner and e-mail blasts on UtahHospitalityJobs.com
  - The following activities were done by PCN staff to help enrollees understand the benefits of the PCN program:
    - Wrote, developed, printed, and devised a process for distribution of a handbook that explains PCN to members. This handbook includes information about benefits, providers, and health resources. This handbook, the PCN Member Guide, is now distributed to PCN members when they enroll. It will soon be available in Spanish.

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- Presented the PCN Member Guide at meetings and explained the process for distribution and ordering.
  - Via a pre and post test survey, seven priority chronic diseases were identified as being more common in PCN members than the general Utah population, tobacco use, diabetes, oral health problems, depression, asthma, arthritis, and heart disease. Convened meetings of experts on these topics from the Utah Department of Health to develop a PCN Chronic Disease Management intervention to address these health issues for those on PCN.

### **Eligibility Policy Issues**

- Access to health insurance coverage through the Veterans Administration:

Eligibility policy stated that Veterans who had access to health insurance coverage through the Veterans Health Care System were not eligible for PCN. During discussions with representatives from the Veterans Administration in Salt Lake City, it was brought to our attention that Veterans who may be eligible for coverage through the VA but have not already enrolled, must wait six to eight months before they can be evaluated to determine whether they are eligible to be enrolled in the VA health care system.

Because these applicants may not have any other access to health insurance coverage during this considerable waiting period, effective December, 2002, it was decided that Veterans who are otherwise eligible for PCN and who are not currently enrolled in the Veteran's Health Care System could receive coverage under PCN until they are actually accepted for enrollment in the VA Health Care System.

The applicant is required to initiate the process to enroll with the VA at the time of application and must report when a determination is made. Once the Veteran has been accepted for enrollment in the Veteran's Health Care System, the PCN eligibility will be terminated.

Veterans who are already enrolled in the Veteran's Health Care System at the time of application are still not eligible for PCN.

- Full-time Students:

Eligibility policy concerning full-time students' access to health insurance was changed effective October 1, 2002. Prior to October, a student was considered to have access to health insurance coverage and, therefore, not eligible for PCN, if

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health insurance was offered directly through the University or other educational facility. After discovering that even when insurance is not offered through an educational facility, full-time students are eligible to purchase health insurance through private companies that offer coverage plans specifically for students, the policy was changed. PCN applicants who are full-time students at the time of application are not eligible for PCN. Policy was also changed so that PCN applicants who were not attending school at the time of application but would begin attending sometime after the date of application, could be enrolled in PCN through the end of the month in which they started attending school and gained access to student health insurance. PCN enrollees who begin attending school full-time during the certification period, are not eligible for PCN as soon as they become full-time students and gain access to student health insurance.

## **PROJECT STATUS**

The quarterly reports submitted throughout the year provide an overview of the PCN project's status.

## **QUANTITATIVE AND CASE STUDY FINDINGS**

There were no Quantitative or case studies that were conducted during the FY2003. The Enrollee self assessment was done from July 2002-Dec. 2002 and the results of that survey have been noted in the quarterly reports. In August, 2003, the Office of Health Care Statistics began an assessment of PCN enrollees who renewed their benefits. Those findings will become available sometime during the next fiscal year.

## **POLICY AND ADMINISTRATIVE DIFFICULTIES**

- There is still an inadequate urban provider panel list who accept PCN clients. To try to resolve this problem, PCN staff will be sending letters to current Medicaid providers giving them more information about the PCN program and asking them to participate. The letter also asks their permission to have their name published on a list that will be distributed to new enrollees who don't already have a primary care provider.
- There are not enough volunteer doctors to provide specialty care to all enrollees in the PCN program who need the care. Specialty Care Case Managers continue to meet with physicians, clinics, hospitals and community leaders to try to expand the pool of specialists who are willing to donate their services.

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- When an enrollee sees a specialist in the ER and requires a follow-up visit with a specialist, the emergency room physician and enrollee do not understand that the visit will not be covered. When the PCN Member Guide is revised, more information about emergency services will be included to better explain this issue.
  - There is a need for mental health coverage for PCN clients. This does not come from the PCN waiver but from comments from the clients.
  - Billing issues are being resolved but there are still claims that are being rejected because providers do not understand or are not willing to bill using the process PCN has set up to accept claims. As billing and payment issues are identified, the UDOH is continuing to improve the process so that the program is more understandable and better fits the needs of the providers.
  - Students are not happy about not being eligible to participate in PCN as many of the colleges are no longer offering insurance. Utah Issues, an advocacy group in Utah, has raised this concern as well. PCN staff will be looking at other ways to serve students by identifying other resources and making referrals.